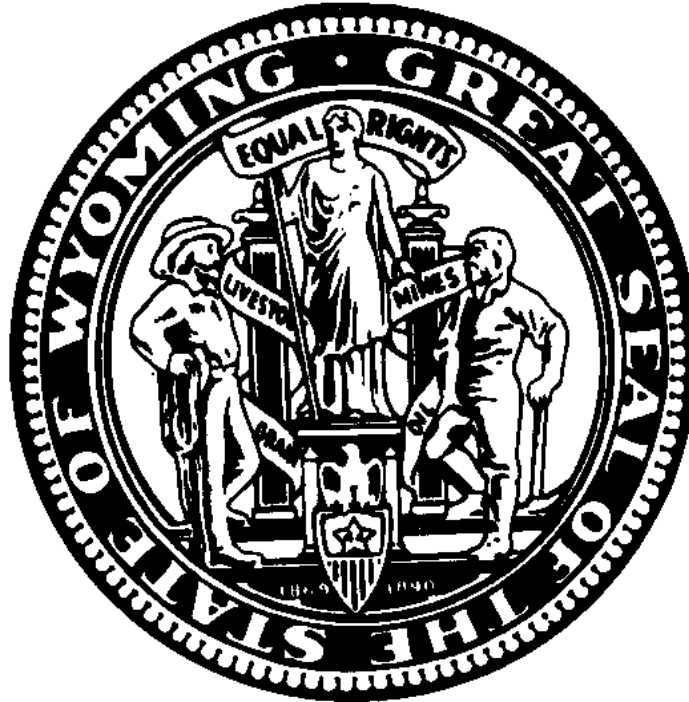


WYOMING WORKERS' SAFETY
AND COMPENSATION DIVISION

REHABILITATION THERAPY UTILIZATION GUIDELINES
FOR THE CARE AND TREATMENT OF
INJURED WORKERS



IN CONSULTATION WITH THE REHABILITATION THERAPY ADVISORY
PANEL
DEPARTMENT OF EMPLOYMENT
STATE OF WYOMING

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INTRODUCTION

Mission Statement

Rehabilitation Therapy is an integral part of the healing process for a variety of injuries. The goal is to ensure professional, ethical, necessary and effective rehabilitative care within the scope of practice while adhering to Wyoming Workers' Safety and Compensation rules, regulations, and guidelines – **striving for realistic, individualized and positive outcomes.**

Intent

These guidelines and related documents are intended to help clarify and govern the review and payment of Rehabilitation therapy claims.

Authority

Authority for these guidelines is derived from the Wyoming Workers' Safety and Compensation Rules, Regulations and Fee Schedules, Chapter 10, Section 20-(c)(i), which states,

. . . The Administrator adopts Rehabilitation and Chiropractic Utilization Guidelines for the Care and Treatment of Injured Workers, which will be used in its evaluation and payment of rehabilitation therapy and chiropractic claims . . .

Criteria

Rehabilitation Therapy treatment given to injured workers who qualify under Wyoming Workers' Safety and Compensation must meet the criteria established by the American Physical Therapy Association Guidelines, the Wyoming Safety and Compensation Rules and Regulations, the Physical, Occupation & Speech Therapy Practice Act and the Fee Schedule adopted by the Wyoming Workers' Safety and Compensation Division.

Ethical Guidelines

Once it has been determined that the injured worker will benefit from treatment provided by a physical, occupational or speech therapist, certain established, ethical guidelines should be followed. The Division should only be billed for procedures which were provided and medically necessary to treat the injured worker's compensable injury. Appropriate documentation shall always be provided. Once the injured worker has recovered from the injury or reached a level of ascertainable loss, he is to be released from care and a final billing should be sent to the Division. Any further treatment may be the injured worker's responsibility.

Medical Stability

Injured workers who have responded to care and are considered to be at a point of medical stability are to be discharged from care. **Maintenance care is not eligible for compensation.** A re-injury or a new injury will require documentation to validate relatedness.

Permanent Impairment and Ongoing Residuals

Injured workers who have responded to care and have reached an ascertainable loss, but have a permanent impairment rating and ongoing residuals, may be eligible for supportive or “as needed” care following Ethical Guidelines (page 3) on a case-by-case basis.

Fee Schedule

All bills and fees submitted for payment will be reviewed and audited for relatedness to work injury, appropriateness and reasonableness of treatment in accordance with the adopted *Wyoming Workers' Compensation Rules, Regulations and Fee Schedules* in effect at the time of service. Wyoming Statute 27-14-401(b) and Wyoming Statute 27-14-802(a).

Reimbursement and Exceptions

All Codes and unit values will be reimbursed according to the Fee Schedule unless otherwise established by the Rehabilitation Therapy Advisory Panel.

Interim values are assigned to codes with a Relativity Not Established (RNE) status. Values assigned to such codes in newer editions of the RVP (Relative Values for Physicians) will be implemented upon adoption of the newer RVP. Interim values become void at that time.

Billing Guidelines

Refer to the Division's Billing Guidelines available under separate cover from:

State of Wyoming
Department of Employment
Workers' Safety and Compensation Division
P.O. Box 20070
Cheyenne, WY 82003-7001

Call (307) 777-7441 for assistance with coding or billing issues. Ask for either Provider Services or Rehabilitation Therapy Nurse Reviewers.

SECTION I REVIEW PROCESS

SECTION 1 – REVIEW PROCESS

Rehabilitation Advisory Panel

“The Administrator shall establish a Rehabilitation Panel to provide guidance to the Division in making recommendations and establishing guidelines for use in auditing physical, occupational and speech therapy claims. Membership on the panel is limited to those therapists that have a current license to practice in the state of Wyoming; are in good standing with the applicable state regulatory bodies, and have demonstrated special competence and interest in industrial health. Recruitment of the panel members will be by the Administrator who will solicit expressions of interest in serving on the panel from each therapy discipline’s state association. This panel may include, but is not limited to members of the Wyoming Physical Therapy Association, Wyoming Occupational Therapy Association and/or Wyoming Speech-Language-Hearing Association.” (Chapter 8, Section 2 Wyoming Workers’ Safety and Compensation Rules, Regulations and Fee Schedules).

Review Process

The Division reviews all claims for rehabilitation therapy. In order to ensure proper utilization of therapy services, claims exceeding general therapy parameters (Section V of this document) may be reviewed by the Rehabilitation Panel. Injuries requiring therapy are usually resolved within 90-120 days. Therapy extending beyond that time frame will be reviewed on an individual case basis.

The review process may include various methods of communication, including telephonic, electronic media and personal contact.

Supplemental Information Form (SIF)

A Supplemental Information Form (SIF) may be sent to the appropriate therapist and/or the treating health care provider requesting additional documentation as part of the review process. The supplemental information is intended to provide **current, measurable and objective information** regarding progress of the injured worker.

The Supplemental Information Form (SIF) will include a return due date.
CURRENT CLAIMS MAY NOT BE CONSIDERED FOR PAYMENT UNTIL THE REQUESTED INFORMATION IS RECEIVED.

Advisory Panel Follow-up and Clarification

After panel review, additional documentation may be required from the provider. Failure to respond may result in denial or delay of bill payment. A copy of the Panel recommendation will be sent to the claimant, the vendor, the physician and the employer.

SECTION II DOCUMENTATION

SECTION II – DOCUMENTATION

General Requirements

Records should be complete, legible, and preferably in a SOAP format in order to facilitate claim processing. Therapists should be aware that other review personnel will be looking at their records.

Each claim should have appropriate documentation attached, such as flow sheets, home exercise program and any other supportive documentation. Delays in payment may occur when a claim is returned for documentation, coding, or other corrections.

ELEMENTS OF SOAP FORMAT

Subjective comments:

The injured worker's comments should be recorded at each visit. His/her comments should include improvement, worsening or no change as it relates to the area being treated. Functional changes in ADLs or work should be noted.

Objective findings:

The therapist's observations of clinical condition(s) should be noted at each visit. Daily recording of treatment rendered should include description of any modalities used, procedures done, specific body area(s) treated and **time spent on each.** All data shall be valid, measurable, and indicative of performance/function at the time of treatment.

Assessment:

The therapist's conclusions should be based on on-going objective findings as they relate to goals or progression toward **work related goals.**

Plan/Procedure:

A plan of care should be recorded initially. Re-assessment of the care should be made on a regular basis, and changes made as necessary, to progress the injured worker toward goals.

SPECIFIC DOCUMENTATION REQUIREMENTS

Recommendations and Guidelines

The following recommendations and guidelines have been established by the Rehabilitation Therapy Advisory Panel:

Referral/prescription

A referral/consultation prescription by a primary treating healthcare provider is required to initiate treatment. The prescription must be:

- sent to the Division with the Initial Evaluation
- signed by the healthcare provider
- dated
- **updated every thirty days and sent in with a copy of the thirty day plan of care**
- a new prescription is required after any significant change in condition, treatment regime or major procedure/intervention.

Initial Evaluation

The Initial Evaluation is a dynamic process in which the Rehabilitation therapist makes clinical judgments based on data gathered during the examination. The following information is essential for every evaluation:

- treating diagnosis
- injured worker history which includes detailed description of mechanism of injury and job duties
- specific body part treated
- specific modality and exercise format with documented time spent on each
- objective, functional and measurable goals
- short term and long term goals—preferably with specific target dates
- frequency and duration of treatment
- **total length of evaluation/treatment time**

Progress Notes

Notes should be/include:

- legible, preferably typed
- SOAP note format preferred
- flow sheets, when used, should give sufficient objective detail to support the billing
- dated and signed by Rehabilitation Therapist (if documented by a professional student or aide, it must be co-signed)
- specific reference to body part treated
- **total treatment time**

- documentation of non-compliance/non-attendance (see Non-compliance section)
- progress statement
- electronic signatures are acceptable

A weekly summary note is acceptable if, in addition to the above, the following items are included:

- specific mention of each date injured worker treated
- specific treatment format implemented on each date

SECTION III
CODING GUIDELINES

<i>PROCEDURE</i>	<i>CODE TO USE</i>	<i>RELATIVE VALUE UNITS</i>
<i>Debridement, Selective</i> <i>Debridement, Non-Selective</i>	<i>97597 or 97598</i> <i>97602</i>	<i>Value per fee schedule</i> <i>Value per fee schedule</i>
<i>Dressing Changes</i> <i>Suture Removal</i>	<i>97799</i> <i>97799</i>	<i>4.0 Units</i> <i>4.0 Units</i>
<i>Exercise Code Cap</i> The Division will pay up to five (5) units per day of any one code or combination of one to one exercise codes as listed.	<i>97110 Therapeutic Exercise</i> <i>97530 Therapeutic Activity</i> <i>97112 Neuromuscular Re-education</i> <i>97113 Aquatic Therapy</i> <i>97116 Gait Training</i> <i>Any other exercise codes</i>	<i>Value determined per Fee Schedule*</i>
<i>Manual Therapy Cap</i> The Division will pay up to four (4) units per day of any one technique or combination of manual therapy techniques. This will be reconsidered if there are extenuating circumstances serious enough to require a nurse care manager. <i>Manual Therapy</i> <i>Manual Traction</i> <i>Myofascial Release/Soft Tissue Mobilization</i> <i>Joint Mobilization</i>	<i>97140</i>	<i>Value determined per Fee Schedule*</i>

****Contact Division for current fee schedule information.***

<i>PROCEDURE</i>	<i>CODE TO USE</i>	<i>RELATIVE VALUE UNITS</i>
<i>Fluidotherapy</i>	<i>97022</i>	<i>Value determined per Fee Schedule*</i>
<i>Sterile Whirlpool</i>	<i>97039</i>	<i>12.5 Units per 30 Minutes</i>
<i>Functional Capacity Evaluation</i>	<i>97750</i> Total time spent, including any write-up time, should be documented in the report.	<i>Value determined per Fee Schedule*</i> See specific section dealing with guidelines for Functional Capacity Evaluation.
<i>Aquatic Therapy One to One</i>	<i>97113</i> Water therapy which is not clearly documented as one to one will be converted to 97150 group therapy code.	<i>Value determined per Fee Schedule*</i>
<i>Aquatic Therapy Group</i>	<i>97150</i>	<i>Value determined per Fee Schedule*</i>
<i>Home Therapy</i>	<i>97799</i>	<i>24.0 Units per visit</i> Includes modalities, treatments and travel time. See specific section dealing with guidelines for home therapy.

****Contact Division for current fee schedule information.***

PROCEDURE***CODE TO USE******RELATIVE
UNITS***

<i>Taping</i>	<i>97799</i>	<i>Maximum of 5.0 units per visit.</i>
<i>Supplies</i>	<i>Appropriate HCPCS Code or code 99070</i>	Supplies will be paid per Workers' Safety and Compensation Division guidelines and may require itemization. See Chapter 9 Section 11

****Contact Division for current fee schedule information.***

Note: Only Physical Medicine codes 97001-97799 will be used for payment calculation. For example, code 29260 will be changed to code 97799 and paid at 5 units per visit.

SECTION IV
OTHER ISSUES AND SITUATIONS

FUNCTIONAL CAPACITY ASSESSMENT/EVALUATION

Functional Capacity Evaluation. “A functional capacity evaluation can be requested by the Division, the health care provider, or the employer to measure general residual functional capacity to perform work or provide other general evaluation information, including musculoskeletal evaluation. The functional capacity evaluation must be performed by a licensed physical therapist or occupational therapist credentialed or experienced in performing functional capacity evaluations, or a licensed medical doctor who practices rehabilitation medicine or physiatry and is credentialed or experienced in performing functional capacity evaluations. The functional capacity evaluation must have objective components which measure the validity of the test results.” (Chapter 10, Section 11 Wyoming Workers’ Safety and Compensation Rules, Regulations and Fee Schedules)

A skilled evaluator has several methods in establishing a safe performance/participation in an FCE. Preset limitations should not apply.

The FCE/FCA should contain the following information:

- Level of Physical Effort and Consistency of Client Reports
- Validity
- Reliability
- Defined meaning of outcomes and applicability to a return to work status.
- **A summary statement defining the safe return to work level, determined by the assessment, using the Dictionary of Occupational Titles physical demand levels.**
- Subjective vs. Objective
 - Subjective conclusions should be supported by objective data.
 - The design/method of testing should be clearly indicated on each report.
- Time required to perform and document the testing
- Signature of performing evaluator

An FCE may be used for:

- Providing objective information to help with case resolution, return to work goals, clarify the need for work conditioning or work hardening and alternative employment.
- Assist in defining proper protocols for rehabilitation needs.

HOME REHABILITATION THERAPY

Qualifications

Home services are provided to injured workers in their residence. To qualify for home services, all of the following conditions must be met:

- The services must be ordered by a health care provider.
- The services must be reasonable and medically necessary to the treatment of the Workers' Compensation injury.
- The injured worker **must be** homebound.

Plan of Treatment

Each plan of treatment must contain a statement as to why the injured worker is homebound.

A plan of treatment is established after a physician certifies that the injured worker is homebound and needs rehabilitative therapy.

Review

Home rehabilitation therapy will be reviewed case by case.

Documentation

Documentation of rehabilitative therapy must include the time involved.

Coding

"By Report" code will be used – 97799.

This includes modalities, treatments and travel time.

Definition of Homebound

An injured worker is considered homebound when one or more of the following occurs:

- The work injury renders the individual unable to leave home unassisted.
- Leaving home takes considerable and taxing effort.
- Leaving home is medically contraindicated.

A person may leave home for medical treatment of short, infrequent absences for non-medical reasons such as a trip to the barber or to attend religious service.

Example of NOT Homebound:

Examples of an injured worker who would not be considered homebound:

- Leaves home frequently (more than once a week) for social activities.
- Drives a car.
- Does personal or grocery shopping and/or business out of the home on a regular basis.

NON-COMPLIANCE

Importance to Division

The Division places great emphasis and importance on compliance with attendance of prescribed medical and therapeutic treatments as established by the doctors and therapists. The Wyoming Workers' Compensation Act (Wyoming Statute 27-14-404 (h)) states:

Payment under subsection (a) of this section shall be suspended if the injured employee fails to appear at an appointment with his health care provider. Payment shall be suspended under this subsection until such time as the employee appears at a subsequent rescheduled appointment. Payment shall not be suspended for failing to appear at an appointment if the employee notifies the case manager or the division prior to the appointment or within twenty-four (24) hours after missing the appointment and the division determines, after recommendation by the case manager, that the employee made all reasonable efforts to appear at the appointment. At the time of the first benefit payment under this section, the division shall notify the employee of the requirements and other provisions of this subsection, including the procedures to be followed in notifying the case manager or the division. For purposes of this subsection, health care provider includes physical and occupational therapists.

Non-compliance with and/or non-adherence to established therapy protocols and physician recommendations increases expenses to the Division and prolongs rehabilitation, often leading to unsatisfactory outcomes and delayed recovery.

When to Report

Tracking of compliance is intended to facilitate the injured worker's optimal recovery.

Indications of non-compliance include, but are not limited to, unexcused absences and/or canceled appointments approaching 20% of the time, or a pattern of absences corresponding to hunting trips, long vacations or consistent 3 or 4 day weekends. Any disruption in treatment that impacts rate of recovery should be reported by the therapist to the physician and case analyst.

How to report

By mail

Please address all information to:

Workers' Safety and Compensation Division
1510 East Pershing Blvd.
Cheyenne, WY 82002

Attention: Case Analyst

By FAX

FAX to (307) 777-6552
Attention: Case Analyst

By Telephone

If calling, please call (307) 777-7441 with the following information available:
Injured worker's name, case number, and date of injury. Your call will be forwarded
to the appropriate case analyst.

PHYSICAL THERAPY ASSISTANT/COTA (Certified Occupational Therapy Assistant)

Supervision

A Physical/Occupational Therapy Assistant shall practice under the supervision of a licensed physical/occupational therapist.

The supervising physical/occupational therapist shall be accessible by telecommunications to the physical/occupational therapy assistant at all times while treating the injured workers.

Evaluations

Initial evaluations and discharge summaries must be done by a licensed Physical/Occupational Therapist. This and all other requirements shall be enforced under the Wyoming Physical Therapy Practice Act, Wyoming Occupational Therapy Practice Act and the Wyoming Workers' Compensation Rules and Regulations.

Reimbursement

Services rendered by a Physical/Occupational Therapy Assistant shall be reimbursed according to the Fee Schedule.

Signatures

The Physical/Occupational Therapy Assistant may sign the progress notes without a co-signature from the licensed physical/occupational therapist. A Physical/Occupational Therapy Assistant cannot co-sign for others; for example, Physical Therapy Aide, Strength and Conditioning Coach, Massage Therapist, or Exercise Physiologist.

Any co-signatures required must be done by a Physical/Occupational Therapist or Physician licensed in that state.

ROUTINE OFFICE VISITS AND EVALUATIONS

Charges for Routine Office Visits

Office visits will not be paid in conjunction with other procedure or modality.

Reimbursement

The Division reimburses for all modalities and treatment using the Fee Schedule. Routine office visits or evaluations are considered to be included in these treatment and modality charges.

Initial Evaluations and Monthly Re-Evaluations

Initial evaluations and the thirty-day re-evaluations will be reimbursed under the Fee Schedule's Physical Medicine Evaluation and Re-Evaluation Codes.

Other Re-Evaluations

Re-evaluations prior to the thirty-day re-evaluation will be reimbursed if documentation supports significant changes in an injured worker's condition requiring modification of the current treatment program.

MASSAGE THERAPY

Reimbursement Criteria

Per Wyoming Workers' Safety and Compensation Division, massage therapy given by a Massage Therapist or anyone other than a licensed Physical/Occupational Therapist or a Physician will not be reimbursed unless the following criteria are met:

- *Must be under the direct supervision of a physical therapist.*
- *Documentation must be co-signed by the supervising therapist.*
- *Fulfills the requirements set forth for any other physical therapy, such as valid prescription, applied to area of injury, plan of care, etc.*
- *Must be used to enhance tissue healing/flexibility as part of a treatment protocol and progressive exercise program. Not compensable as strictly palliative comfort measure.*
- *When billing for massage therapy use code 97124*

WORK CONDITIONING GUIDELINES

These Work Conditioning and Work-Hardening guidelines were established by the Industrial Rehabilitation Advisory Committee (RAC) and adopted by the American Physical Therapy Association (APTA).

Client Eligibility

To be eligible for Work Conditioning, a client must:

- Have a job goal.
- Have stated or demonstrated a willingness to participate.
- Have identified specific (physical, neuro-musculo-skeletal) and functional deficits of the whole body that interfere with work.
- Be at the point of resolution of the initial or principal injury at which participation in the Work Conditioning program would be not prohibited.

Work Conditioning generally follows acute medical care or may begin when the client meets the eligibility criteria.

Work Conditioning should not begin after 365 days have elapsed following the injury without a comprehensive interdisciplinary assessment.

Provider Responsibility

The employer and/or Division should be notified prior to initiation of the program.

The need for a program shall be established by a Work Conditioning provider based on the results of a Work Conditioning assessment, including DOT & PDL categories.

The program shall be provided by or under the direct supervision of a Work Conditioning provider.

The Work Conditioning provider shall document all evaluations, services provided, client progress, and discharge plans. Information shall be available with appropriate authorization to the injured worker, employer, other providers, Division, and any referral source.

The Work Conditioning provider shall develop and utilize an outcome assessment system designed to evaluate, at a minimum, patient care results, program effectiveness, and efficiency.

Work Conditioning Guidelines, Cont.

The Work Conditioning provider should be appropriately familiar with job expectations, work environments, and skills required of the client through means such as site visitations, videotapes, and functional job descriptions.

Program Content

Development of program goals in relation to the job skills and job requirements.

Techniques to improve strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks.

Practice, modifications, and instruction in work-related activities.

Education related to safe job performance and injury prevention.

Promotion of client responsibility and self-management.

Work Conditioning programs are provided in multi-hour sessions available 3 to 5 days a week for a duration of up to 8 weeks.

Program Termination

The client shall be discharged from the Work Conditioning program when the goals for the client have been met.

Work Conditioning shall be **discontinued** when any of the following occur:

- The client has or develops behavioral or vocational problems that are not being addressed and that interfere with return to work.
- There are medical contraindications.
- The client fails to comply with the requirements of participation.
- The client's progress has reached a plateau prior to meeting goals.
- Services are discontinued by the referral source.

When the client is discharged or discontinued from the Work Conditioning program, the Work Conditioning provider shall notify the employer, Division, and/or any referral source and include the following information:

- Reasons for program termination.
- Clinical and functional status.
- Recommendations regarding return to work.
- Recommendations for follow-up services.

WORK HARDENING GUIDELINES

These Work Conditioning and Work Hardening guidelines were established by the Industrial Rehabilitation Advisory Committee (RAC) and adopted by the American Physical Therapy Association (APTA)

CLIENT ELIGIBILITY

To be eligible for Work Hardening, a client must:

- Have a targeted job or job plan for return to work at the time of discharge.
- Have stated or demonstrated willingness to participate.
- Have identified physical (systemic, neuro-musculo-skeletal), functional, behavioral, and vocational deficits that interfere with work.
- Be at the point of resolution of the initial or principal injury at which participation in the Work Hardening program would not be prohibited.

Work Hardening may begin only after the completion of the Work Hardening assessment.

PROVIDER RESPONSIBILITY

The employer and/or the Division should be notified prior to initiation of the program.

The need for a program shall be based on the results from a Work Hardening assessment, including DOT & PDL categories, performed by all of the Work Hardening providers.

The program components shall be provided by or under the direct supervision of the appropriate Work Hardening providers.

The treating Work Hardening providers shall meet on a regular basis to discuss, coordinate, and document program progress and outcome achievement.

The Work Hardening providers shall document all evaluations, services provided, client progress, and discharge plans. Information shall be available with appropriate authorization to the client/patient, employer, other professional providers, the Division, and any referral source.

The Work Hardening providers shall develop and utilize an outcome assessment system designed to assess, at a minimum, patient care results, program effectiveness, and efficiency.

The Work Hardening providers should be familiar with job expectations, work environments, and skills required of the client through such means as site visitation,

video tapes, and functional job descriptions. There should be an area that is designed, arranged, and equipped for the specific purpose of providing Work Hardening programs.

PROGRAM CONTENT

Development of program goals in relation to specific job requirements.

Techniques to develop strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks.

Practice, modification, and instruction in simulated or real work activities.

Education related to safe job performance and injury prevention.

Provision of behavioral and vocational services as determined by the respective Work Hardening provider.

Promotion of client responsibility and self-management.

Provision in multi-hour sessions at a minimum of four hours and a maximum of eight hours, five days a week, for a duration of eight weeks to twelve weeks.

PROGRAM TERMINATION

The client shall be discharged from the Work Hardening program when the goals for the client have been met.

Work Hardening shall be discontinued when any of the following occur:

- The client has or develops problems that cannot be addressed within the program.
- There are medical contraindications.
- The client demonstrates a lack of willingness to participate.
- The client fails to comply with the requirements of participation.
- The client's progress has reached a plateau prior to meeting goals.
- Services are discontinued by the referral source.

When the client is discharged or discontinued from the Work Hardening program, the Work Hardening provider shall notify the employer, the Division, and/or any referral source and include the following information:

- Reasons for program termination.
- Clinical and functional status.
- Recommendations regarding return to work.
- Recommendations for follow-up services.

SECTION V
TREATMENT PARAMETERS

THERAPY TREATMENT PARAMETERS

The following information provides general treatment parameters in evaluation of therapy. **Any time treatment goes beyond these treatment parameters, written justification must be provided documenting the necessity.**

CODE 97010

Hot Packs: conductive form of heat application.

Cold Packs: thermal agent applied in various manners which lowers the body tissue temperature.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures for up to 3 months.

CODE 97012

Traction, mechanical: traction performed by use of mechanical means to effect elongation of soft tissue to increase joint mobility.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 4 weeks.

CODE 97014

Electrical Stimulation (unattended): use of electrical current for peripheral nerve injuries or pain reduction which does not require constant attendance. Once applied this modality requires on-site supervision.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 3 months.

CODE 97016

Vasopneumatic devices: compressive device used to reduce edema.

- Time to produce effect: 1 – 3 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 1 month. If expected use is greater than 1 month, purchase should be considered.

CODE 97018

Paraffin Bath: immersion or painting of specific body parts with molten paraffin.

- Time to produce effect: 1 – 4 treatments.
- Frequency of treatment: 1 – 3 times per week.
- Optimum duration: 4 weeks.

CODE 97020

Microwave: involves use of equipment which exposes soft tissue to electric magnetic field.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 4 weeks.

CODE 97022

Fluidotherapy: application of heat and massage by a dry medium circulated by warm air in a closed environment.

Whirlpool: conductive exposure to water at temperatures which best elicits the desired effect (cold vs. heat). Generally includes massage by water propelled by a turbine or Jacuzzi jet system.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 3 months.

CODE 97024

Diathermy: involves use of equipment which exposes soft tissue to magnetic or electrical field.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 4 weeks.

CODE 97026

Infrared Radiation: radiant form of heat application.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 3 months.

CODE 97032

Attended Electrical Stimulation: use of electrical current for peripheral nerve injuries or pain reduction which requires continuous manual application and supervision or extensive teaching. Documentation must clearly state attendance at bedside for adjustments and safety.

- Time to produce effect: 12 – 15 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 2 months.

CODE 97033

Iontophoresis: transfer of medication through skin through the use of galvanic stimulation.

- Time to produce effect: 4 treatments.
- Frequency of treatment: 3 times per week (at least 48 hours between treatments.)
- Optimum duration: 2 weeks.

CODE 97034

Contrast baths: alternating immersion of extremities in hot and cold water.

- Time to produce effect: 3 treatments.
- Frequency of treatment: 3 times per week.
- Optimum duration: 4 weeks.

CODE 97035

Phonophoresis: transfer of medication through skin through the use of acoustic energy.

- Time to produce effect: 4 treatments.
- Frequency of treatment: 3 times per week (at least 48 hours between treatments.)
- Optimum duration: 2 weeks.

Ultrasound with or without Electrical Stimulation: using sonic generators to deliver acoustic energy for therapeutic thermal and/or non-thermal soft tissue treatment.

- Time to produce effect: 6 – 9 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 4 weeks.

CODE 97036

Hubbard tank: whirlpool used for full-body immersion.

- Time to produce effect: 6 treatments.
- Frequency of treatment: 3 – 7 times per week.
- Optimum duration: 4 weeks.

CODE 97110

Therapeutic Exercise: the instruction of a patient in a supervised exercise program which may include: strengthening, stability, flexibility, ROM, and/or cardiovascular conditioning. The intent of the program should be to improve the level of function progressing to an independent exercise program. The progress toward goals can be objectively measured.

- Time to produce effect: 9 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 8 – 12 weeks.

CODE 97112

Neuromuscular Reeducation: movement, balance, coordination, kinesthetic sense, posture and proprioception techniques to normalize muscle tone, patterns of specific movement, automatic neuromuscular response and motor control. These techniques require constant assessment and reassessment during treatment period.

- Time to produce effect: 9 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 8 – 12 weeks.

CODE 97113

Aquatic Therapy: therapist working one to one with patient in a pool of water for the facilitation of kinetic activity. The intent of the program should be to improve the level of function; progressing to a land based exercise program. The progress toward goals can be objectively measured. Note: for class situation, use group code (97150).

- Time to produce effect: 2 – 4 weeks.
- Frequency of treatment: 2 – 4 times per week.
- Optimum duration: 6 – 12 weeks.

CODE 97530

Functional Activities: instructing, monitoring, and progressing a patient in adaptations of functional activities that result in the patient's ability to perform the activity independently and safely with or without adaptive devices. Functional activities could range from getting out of bed and self-care to positioning themselves at a machine and driving heavy equipment.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 2 – 4 weeks.

CODE 97116

Gait training: skilled training of a patient with significant gait abnormalities and/or complex adaptation of equipment to normalize weight-bearing and movement patterns.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 4 weeks.

CODE 97124

Massage: (stroking, compression, percussion) manipulation of soft tissue with broad ranging relaxation and circulatory benefits.

- Time to produce effect: Immediate.
- Frequency of treatment: 3 – 5 times per week.

- Optimum duration: 4 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 2 months.

CODE 97140 MANUAL THERAPY

Myofascial release / soft tissue mobilization: skilled manual application of techniques designed to normalize movement patterns through the reduction of soft tissue pain and restrictions.

Joint mobilization: skilled passive movements to a joint, including selected arthrokinetic movements performed at a joint.

Manual traction: traction performed manually by therapist to effect elongation of soft tissue to increase joint mobility.

- Time to produce effect: 9 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 8 weeks.

CODE 97535

Activities of daily living: performance of physical and psychological self-care skills and/or daily life management skills to a level of independence.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 2 – 4 weeks.

Patient Education: imparting information and developing skills to promote independence after discharge. Teaching patient and/or their caregivers in the programs (e.g. exercises, TENS instruction) to meet long term goals.

- Time to produce effect: 1 – 3 sessions.
- Frequency of treatment: Total 1 – 3 sessions.
- Optimum duration: Total 1 – 3 sessions.

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